05762

5782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601-49th Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights, Maryland
STREET ADDRESS (If rural, give location) 601-49th Ave.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Louis (Last) Adams

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 20-1878
9. AGE last birthday 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY House
11. BIRTHPLACE (State or foreign country) Wash. Dc.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Josiah Adams
14. MOTHER'S MAIDEN NAME Susie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 577-16-0227
17. INFORMANT Mrs. V. Adams 601 49th ave. Capt. Hgts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive Cardiac failure	16 hrs
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ascending Colon	13 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION June 4 1953
19b. MAJOR FINDINGS OF OPERATION Subacute appendicitis - Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul C. Van Natta M.D. 5440 Silver Hill Rd. S.E. D.C. 28. June 11 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/14/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. June 12, 54
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 517 11th St. S.E. DC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 16 1934
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05763

5783 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. 38
LENGTH OF STAY (in this place) 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights 36
STREET ADDRESS (If rural give location) 305 - 61st Pl.

3. NAME OF DECEASED: (Type or Print) (First) Augustus (Middle) (Last) Ager

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2 Aug 1901.

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN AGER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-05-5771

17. INFORMANT'S ADDRESS: Richard A. Ager 6988 Standish Dr. Hyattsville md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1

(A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Heart Disease — 2 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1954 to June 1, 1954 that I last saw the deceased alive on June 1, 1954, and that death occurred at 1 00 P. M, from the causes and on the date stated above.

SIGNATURE William Brannin — ADDRESS M. D. 6104 Central Ave, Capitol Hgts Md — DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/3/54 — NAME OF CEMETERY OR CREMATORY Addison Chapel — LOCATION (City, town, or county) (State) Seat Pleasant Md.

DATE REC'D BY LOCAL REGISTRAR 6/2/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS 517 11th St SE

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 7 1954
BUREAU V.

05764

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5784 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md 38

LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md 15

STREET ADDRESS (If rural give location) 5308 - 42nd Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MAUDE DALTON ALEXANDER

4. DATE OF DEATH: (Month) (Day) (Year) June 4, 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Nov 10, 1868

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas B. Dalton

14. MOTHER'S MAIDEN NAME: ? Lyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9 —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Lyle T Alexander Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH 36 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic arteriosclerotic cardiovascular disease — 15 yrs

(904.0) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured rt. hip - post op. nailing — 5 days.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Hyattsville - Pr. Geo. - Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-27-54 A.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Fall in home.

22. I hereby certify that I attended the deceased from 4-12, 1952, to 6-4, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE R D Gamer MD. M. D. ADDRESS Hyattsville, Md. DATE SIGNED 6-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) transportation

DATE THEREOF 6/5/54

NAME OF CEMETERY OR CREMATORY Mountain Home

LOCATION (City, town, or county) (State) Arkansas

DATE REC'D BY LOCAL REGISTRAR 6/4/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Countersigned

John D. Maloney, M.D., Deputy Medical Examiner
Hyattsville, Md - June 4, 1954

RECEIVED
JUN 8
BUREAU V. BUR

65765

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5817 CERTIFICATE OF DEATH

Reg. Dist. No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berkshire Hghts. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berkshire Hghts
STREET ADDRESS (If rural give location) 7403 Grafton St

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) ELLWOOD (Last) ALLEN

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 08 13, 1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Draftsman | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy. | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Allen

14. MOTHER'S MAIDEN NAME: Emily Ellwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Ruth Rhoades - 7403 Grafton St. Berkshire Hghts Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (002X)	(a) Toxemia, ruptured lung abscess	5 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (260X)	DUE TO (b) Pulmonary Tuberculosis	5 Years
	DUE TO (c) Diabetes Mellitus	10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility, arterio-sclerosis	

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to 27 June, 1954, that I last saw the deceased alive on 27 June, 1954, and that death occurred at 4:35 P.M. from the causes and on the date stated above. 6/27/54

SIGNATURE (Degree or title) Sidney W. Lowry M.D | ADDRESS 7601-Gateway Blvd. Wash. 28. D.C. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF June 30, 1954 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR June 29. 54 | REGISTRAR'S SIGNATURE Carrie J. Campbell

24. FUNERAL DIRECTOR W.W. Chamberlain Co. | ADDRESS Washington, D.C.

VS. A15

RECEIVED
JUL 17 1954
BUREAU V. S.

5773

MARYLAND STATE DEPARTMENT OF HEALTH

05766

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4712-41st Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4712-41st Place

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) Elizabeth (Last) Barton

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Abt 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Moore

14. MOTHER'S MAIDEN NAME: Margaret Eliza Blackstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sister-4704-41st Place

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Maloney (Degree or title) M.D. Dep. Med. Exam. ADDRESS: Hyattsville Md DATE SIGNED: 6/25/54

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 6/25/54 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town or county): Washington, D.C. (State): 54

DATE REC'D BY LOCAL REG.: 6/25/54 — REGISTRAR'S SIGNATURE: Amanda Dewey

24. FUNERAL DIRECTOR: John T. Stewart — ADDRESS: 30 H St N.E.

6/29/54 James Dewey

RECEIVED
JUL 1 1954
BUREAU V. S.

File #G187 Item 8 6/28/54 cmf

05769

MARYLAND

STATE DEPARTMETT OF HEALTH

5785

CERTIFICATE OF DEATH

Reg. Dist. No. 739

1. PLACE OF DEATH
COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 321 Prince George St

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) BERRY

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH (Month, Day, Year) 06 26 1870

9. AGE last birthday 84 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Berry

14. MOTHER'S MAIDEN NAME Emma Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Georgia Berry Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma R. Lung — Interval between onset and death: 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Gen'l — 10 yrs.

(c) & Myocardial Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to June 16, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 3:47 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Warren ADDRESS Laurel DATE SIGNED 6/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE June 18 1954

NAME OF CEMETERY OR CREMATORY St Phillips Cemetery

LOCATION (City, town, or county, (State)) Laurel Md

DATE REC'D BY LOCAL REG. June 18-1954

REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR Ridgley Selby

ADDRESS 401 Washington Laurel Md

MARGIN RESERVED FOR BINDING

05770

5818

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Item 14 film G167/ 6/9/54

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY DR. Georges Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 9- GLENN STREET S E

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ALTA P. BREMSER
4. DATE OF DEATH (Month) (Day) (Year) June 1-ST 1954

5. SEX FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov 25 1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Gibbon Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel M. Palmer
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elvis L. Whitt 9-glenn ST S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	14 yr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1947, to June 1, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank S. Pellegrini 3409 Ala Ave SE Wash 20 DC

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 1 1954
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. June 1ST 54
REGISTRAR'S SIGNATURE Edwin F. [illegible]
24. FUNERAL DIRECTOR Simmons [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN
BUREAU

05771

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5786 **CERTIFICATE OF DEATH**

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 3 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6217 43rd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same; STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Winfield (Middle) Scott (Last) Briggs

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Apr 4 1867

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Insurance

10b. KIND OF BUSINESS OR INDUSTRY: Broker

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hamm Briggs

14. MOTHER'S MAIDEN NAME: Mary Woodruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Amelia C Briggs, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart Disease & Myocardial Failure	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Insufficiency	P. 10 yrs
	(c) Senility	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1954, to 6-3, 1954, that I last saw the deceased alive on 6-2, 1954, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE: Weedo B. Meyers (Degree or title) M.D. ADDRESS: Mt. Rainier Md DATE SIGNED: 6-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/7/54; NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery; LOCATION (City, town, or county): Suitland; (State): Md

DATE REC'D BY LOCAL REG.: June 7 1954; REGISTRAR'S SIGNATURE: Mrs Jas - Devere Deputy Local

24. FUNERAL DIRECTOR: F Busch Sons; ADDRESS: Hyattsville, Md

VS. A15

RECEIVED
JUN 9
BUREAU V. S.

· 5819 05772

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH: COUNTY ~~Maryland~~ Pr. George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS On base ball field

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural, give location) 9105 Old Fort Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nathaniel		Brookes	June	5	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Divorced	7-2-06	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	D.C. Highway Dpt.	Maryland	U. S. A.

13. FATHER'S NAME: Daniel Brookes
14. MOTHER'S MAIDEN NAME: Maggie Dade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Daniel Brooks, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Ruptured aortic aneurysm	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
-		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Young M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6/6/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/54	Church Cemetery	Chapel Hill P.G. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/6/54	Amanda Downey Carrie F. Campbell	John T. Rhines	901 3rd St S.W. Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

JUN 21 1954

05773

MARYLAND STATE DEPARTMENT OF HEALTH

5787 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Caroline Co
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGIA (Middle) ANN (Last) BROOKS
4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/18/1852
9. AGE last birthday 101 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Clayton
14. MOTHER'S MAIDEN NAME Mandy Beasley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Annie Chapman 4042 - 34th St. Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease

(c) Fractured femur.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Mt Rainier - (COUNTY) Pr. Geo - (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-24-54 10 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fall in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam - Hyattsville, Md - 6-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Caroline Co. (State) Va.
DATE REC'D BY LOCAL REG. 6/8/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Fasch's Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05774

5820 CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - AQUASCO
LENGTH OF STAY (in this place) 1½ yrs
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS RURAL - R1 - Brandywine Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - AQUASCO
STREET ADDRESS (If rural give location) R1 - BRANDYWINE, MD

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GERTRUDE MAUDE BROOKS

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 8, 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Feb. 13, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME (Own)
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL WRIGHT
14. MOTHER'S MAIDEN NAME: LINNIE DAVIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: SON - ROBT BROOKS - R1 - BRANDYWINE, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RUPTURE AORTIC ANEURYSM
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) AORTIC ANEURYSM
DUE TO
(c) HYPERTENSION

Interval Between Onset And Death: 10 MIN SEVERAL YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 16-7 MO AGO
19b. MAJOR FINDINGS OF OPERATION: AORTIC ANEURYSM REPAIR
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19 .., to 6/8/, 1954, that I last saw the deceased alive on 6/8/, 1954 and that death occurred at 11:40 Am, from the causes and on the date stated above.

SIGNATURE Vaheh M Seron MD (Degree or title) ADDRESS Aquasco, Md DATE SIGNED 6/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Immanuel Methodist
LOCATION (City, town, or county) Horsehead (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 12/54
REGISTRAR'S SIGNATURE F H Billingsley
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5788

CERTIFICATE OF DEATH

Reg. Dist. No. 231

10577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 7 Das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY: PutnamCounty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Columbua Grove
STREET ADDRESS (If rural, give location): 217 N. High Street

3. NAME OF DECEASED: (Type or Print) (First) IMOGENE (Middle) CULVER (Last) BURKAM

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 22, 1877

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wyandotte County, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Culver

14. MOTHER'S MAIDEN NAME: Cynthia Haner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs.Ethel B. Meyer, 5406 56th Pl.,Apt.202,E.Riverdale,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/23, 1954, to 6/30, 1954, that I last saw the deceased alive on 6/30, 1954, and that death occurred at 10:40p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wolcott L. Etienne, M.D. ADDRESS 4713 Berwyn Rd.,College Pk.,Md. DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 5, 1954

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Upper Sandusky, Ohio

DATE RECD BY LOCAL REG. 7/1/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: W.W.CHAMBERS CO., Riverdale, Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

05776

MARYLAND STATE DEPARTMENT OF HEALTH

5821 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (In this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6499 Sheriff Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural give location) 6499 Sheriff Road.

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) (Last) Burrell

4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-22-19[illegible]
9. AGE last birthday 65 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY Brick
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Burrell
14. MOTHER'S MAIDEN NAME Esther Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 225-05-0242
17. INFORMANT AND ADDRESS Esther Conyers - 516-59th Street N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular accident - 5-7-54

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 6-20-54

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) DATE THEREOF June 21-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. June 21-54
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR John T. Rhines Jr. ADDRESS 901-3rd St. S.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MU 4450
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5789 CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 334 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Elwood (Middle) Randolph (Last) Chalk
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 20 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: House painter
11. BIRTHPLACE (State or foreign country): Howard Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Randolph Chalk
14. MOTHER'S MAIDEN NAME: Mary King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mrs Virginia Chalk 334 Main St Laurel, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 199.8 (a) Secondary anaemia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Ear Back
DUE TO
(c) Mets —

Interval Between Onset And Death 6 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-8, 1952, to 6/20, 1954, that I last saw the deceased alive on 6/19, 1954 and that death occurred at 6/20-8 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) M B Simmons
ADDRESS 314 Congress Ave Laurel
DATE SIGNED 6/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 22 1954
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel (State) Maryland

DATE REC'D BY LOCAL REGISTRAR June 22-54
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson
ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5790 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenarden
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Edna (Middle) M. (Last) Chapin
4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.
8. DATE OF BIRTH: 3-19-81
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Louisanna
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME: Joseph Patterson
14. MOTHER'S MAIDEN NAME. Isabella Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Charles H. Chapin Bowie Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — 3 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arterio Sclerotic Heart Disease — 18 yrs.
DUE TO (C) Myocardial Infarction — 6 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19 ..., to 6-10-, 1954 that I last saw the deceased alive on 6-10-, 1954 and that death occurred at 2:00 P M, from the causes and on the date stated above.
SIGNATURE Leber Roth M.D. M. D. ADDRESS Glenarden DATE SIGNED 6/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/14/54
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, Town, or County) Colmar Manor (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6/13/54
REGISTRAR'S SIGNATURE Amanda Downey
FUNERAL DIRECTOR F. Gasch & Son ADDRESS Hyattsville Md

RECEIVED
JUN 16
BUREAU V. S.

05779

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5791 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 15 hrs-15 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale; STREET ADDRESS (If rural give location) 5305

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) C. (Last) Chase

4. DATE OF DEATH: (Month) (Day) (Year) 6-17-1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 11-27-73

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. Ret.

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Cape May, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Eldredge

14. MOTHER'S MAIDEN NAME: Sarah Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: William E. Chase, 704 Quincy St, N.E. Apt 2 Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Retroperitoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSE (B) DUE TO: (B) Aneurysm of Aorta (arteriosclerotic) — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO: (C) Arteriosclerosis. — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 16 June 54

19B. MAJOR FINDINGS OF OPERATION: Aneurysm of aorta.

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 June 1954, to 17 June, 1954 that I last saw the deceased alive on 17 June, 1954, and that death occurred at 12 Noon from the causes and on the date stated above.

SIGNATURE John H. Bayly M. D. ADDRESS 1835 Eye N.W., Wash., D.C. DATE SIGNED 18 June 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) BURIAL; DATE THEREOF June 21, 1954; NAME OF CEMETERY ~~OR CREMATORY~~ Arlington National; LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 6/18/54; REGISTRAR'S SIGNATURE Amanda Downey; 24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co, Riverdale, Md

JUN 25 1954
BUREAU V. S.

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5774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7304 Riggs Rd

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) F (Last) Cooke
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 20, 1879
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Policeman
11. BIRTHPLACE (State or foreign country) Raleigh N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles F. Cooke
14. MOTHER'S MAIDEN NAME Sabre E Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles H Cooke Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBROVASCULAR ACCIDENT	12 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBROVASCULAR ACCIDENT	18 MONTHS
	(c) SEVERE GENERALIZED ARTERIOSCLEROSIS	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RIGHT HEMIPLEGIA FOR PAST 18 MONTHS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1954, to June 13, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE Hugh S. Geiger, Jr., M.D. (Degree or title) ADDRESS 2716 Kirkwood Place, Apt. 102 W. Hyattsville, Maryland DATE SIGNED June 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF June 15 1954
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. June 13, 1954
REGISTRAR'S SIGNATURE Mrs Jas Severe Deputy Sec'y
24. FUNERAL DIRECTOR Deal Funeral Home
ADDRESS 4812 Ga Ave Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 18 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 film G168A 7/23/54cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cheverly 38
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cedar Heights.
STREET ADDRESS (If rural give location) 904 - 64th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Repella (Middle) (Last) Crafton

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed.

8. DATE OF BIRTH: Jan 9, 1884

8. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolism, Massive — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Chr Congestive Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1954, to 6-13, 1954, that I last saw the deceased alive on 6-13, 1954, and that death occurred at 6 20 P.M., from the causes and on the date stated above.

SIGNATURE M. D. [illegible] Etienne ADDRESS College Park, Md DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 6-14-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 6.14.54 — REGISTRAR'S SIGNATURE Amanda Young

24. FUNERAL DIRECTOR Brooks-Allen — ADDRESS 1200 La. Ave. N.W. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
JUN 16
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5793 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 3825 26th St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Cornelia (Middle) ELLEN (Last) CRONIE

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 26, 1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius Lipscomb
14. MOTHER'S MAIDEN NAME: Coly Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records, Cheverly Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Insufficiency
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis
DUE TO
(C) Hypertensive Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1940 to 6-13, 1954 that I last saw the deceased alive on 6-13, 1954 and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE A. Rest M.D. ADDRESS Hyattsville DATE SIGNED 6-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 16, 1954
NAME OF CEMETERY OR CREMATORY: Glenwood
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REGISTRAR: 6/14/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR ADDRESS: F. Gasch's Sons Hyattsville, Maryland.

VS. A15—10-53

I MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05784

5822

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Glenn Dale Hospital, Prince Georges Co. COUNTY MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glenn Dale (RURAL)

LENGTH OF STAY (in this place): 1 yr., 6 mo's 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington

STREET ADDRESS (If rural, give location): 4295 - 6'th St., S.E.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) C (Last) Davies

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 12/23/08

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect

10b. KIND OF BUSINESS OR INDUSTRY: V.A. Administr.

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert A. Davies

14. MOTHER'S MAIDEN NAME: Christine Quirke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 4/41 - 5/42

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchogenic Carcinoma Left lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 20 mo.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1952, to 6/2, 1954, that I last saw the deceased alive on 6/2, 1954, and that death occurred at 10 35 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Pinecane (DEGREE OR TITLE) M.D. ADDRESS: Glenn Dale Md. DATE SIGNED: 6/2/54

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal

DATE THEREOF: 6/2/54

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Washington, Pa

DATE REC'D BY LOCAL REG.: 6/2/54

REGISTRAR'S SIGNATURE: Noel Weiss

24. FUNERAL DIRECTOR: The S. H. King Co. ADDRESS: 290 - 14th St. N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V. [illegible]

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05785

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3700 - Bunker Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - P.G. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3700 Bunker Hill Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Carroll	Bernard	Duncan	6	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Aug 21, 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plate Printer	Bur. of Pr. & Eng.	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Duncan	Cecilia Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charles E. Henry - 4707 - Conn Ave. Wash. DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic valvular heart disease with decompensation.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam	Hyattsville, Md	6-25-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/26/54	Lee Funeral Home	Mass. Ave., Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/54	[illegible]	Lee Funeral Home	Washington D.C.

6/29/54 James Berry

Film#G168 Item# 9,14
7/2/54 emf

05786

MARYLAND STATE DEPARTMENT OF HEALTH

5823 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3807 Kearney Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3807 - Kearney Road.

3. NAME OF DECEASED (Type or Print) (First) Lionel (Middle) William (Last) Elms

4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-18-08
9. AGE last birthday 46 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter -
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Elms
14. MOTHER'S MAIDEN NAME Ida May Waltermyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md 6-21-54

21. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/22/54
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. June 22, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville, Md ADDRESS

6/24/54 Amanda Downey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1954
BUREAU V. S.

05787

MARYLAND STATE DEPARTMENT OF HEALTH

5824

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hugh Perry's Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location) Rt 1 - Box 241

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) James (Last) Goldsmith

4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-9-1896
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Goldsmith
14. MOTHER'S MAIDEN NAME Ada Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-14-2313
17. INFORMANT AND ADDRESS Rose M. Goldsmith, Brandywine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 42X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md 6-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 22, 1954
NAME OF CEMETERY OR CREMATORY Emmanuel, M.E.
LOCATION (City, town, or county) Baden (State) Md.

DATE REC'D BY LOCAL REG. 6.22.54
REGISTRAR'S SIGNATURE ~~M. L. Monroe~~ F. H. Bellingsley Fmst.
24. FUNERAL DIRECTOR Hunt & Lyon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

JUN 24 1954
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05788

5825 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL)

LENGTH OF STAY (in this place) 2 yrs.,6 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1014 - 6'th St., N.E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
DAVID		GREEN	6	8	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Widowed	12/25/68	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Kitchen helper	Hotel	Washington, D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Green	Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		lost	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: 9 YEARS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from 12-12, 19 53, to 6-3, 19 54, that I last saw the deceased alive on 6-8, 19 54, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Finnegan	M.D.	Glenn Dale Md	6/8/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/13/54	Payne Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/54	Noel Wein	Hoffman Funeral Home	611-4 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 15 1954
BUREAU V. S.

05789

MARYLAND STATE DEPARTMENT OF HEALTH

5826

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington-Annapolis Expressway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 10 yrs
STREET ADDRESS (If rural, give location) 1516-F Street, N.E.

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Sidney (Last) Harris
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-25-36
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sidney Harris
14. MOTHER'S MAIDEN NAME Camilla Bulova
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 5-78-44-8418
17. INFORMANT AND ADDRESS Mother Same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Basal fracture of skull.

(c) Automobile accident

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Mitchellville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 2 (Year) 54 (Hour) 1.14 A.M.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Collision of automobile with tree.

22. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 6-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 3, 1954
NAME OF CEMETERY OR CREMATORY Chambers Funeral Comm
LOCATION (City, town, or county) Wash DC (State)
DATE REC'D BY LOCAL REG. June 12-1954
REGISTRAR'S SIGNATURE Louise H. Peach
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 1400 Chapin St DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 22 1954
BUREAU V. S.

05790

MARYLAND STATE DEPARTMENT OF HEALTH

5827

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington-Annapolis Expressway.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1829-M.St.N.E.

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Eugene (Last) Harvey, Jr.
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 17, 1936
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Donald E. Harvey, Sr.
14. MOTHER'S MAIDEN NAME Violet A. Kroon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Father - Same address.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

X23X

Immediate cause (a) Hemorrhage + shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injury to body.

(c) Automobile accident.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Mitchellville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 2 (Year) 54 (Hour) 1.14 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision of automobile with tree.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 6-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 3, 1954
NAME OF CEMETERY OR CREMATORY Chambers Funeral Car
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. June 12, 1954
REGISTRAR'S SIGNATURE Louise H Peach
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 1400 Chapman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05791

CERTIFICATE OF DEATH

5775

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville Rt 1 — LENGTH OF STAY in this place 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3404 Lancer Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Prince George — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Rt 1
STREET ADDRESS (If rural give location) 3404 Lancer Drive

3. NAME OF DECEASED: (Type or Print) (First) NERSON (Middle) LEE (Last) HARVEY

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Aug. 7, 1951

9. AGE Last birthday: 2 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Conroe, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LEE ROY HARVEY

14. MOTHER'S MAIDEN NAME: FRANCES HARVEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Washington, D. C. Mr. Lee Roy Harvey, 1209 Independence Ave., S. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory & Respiratory Collapse — Interval Between Onset And Death: 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cortical atrophy — life
DUE TO (c) Cerebral palsy, severe, congenital type

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to June, 1954, that I last saw the deceased alive on 6/20/54, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Archibald M.D. ADDRESS 7309 Riggs Rd. Hyattsville Md DATE SIGNED 6/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/22/54 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REGISTRAR: June 23 1954 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: Warner & Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
JUN 25 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05792

Item 12, Film G168 5828 **CERTIFICATE OF DEATH** Reg. Dist. No. 243

7/13/54 fcy

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1226 - 12th St., N.W.

3. NAME OF DECEASED: (First) Josephine (Middle) ALSO KNOWN AS HELM SPRECHT (Last) HENRICK (Type or Print)

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12/31/68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Zurich, Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Grimm

14. MOTHER'S MAIDEN NAME: Victoria ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 4 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1954, to 6/29, 1954, that I last saw the deceased alive on 6/29, 1954, and that death occurred at 5 40 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pomeroy (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Md. DATE SIGNED 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/29/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Riverdale, Md.

DATE RECD BY LOCAL REG. 6/29/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS 5801 Cleve. Ave. Riverdale Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05793

5829 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4322--40th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr.Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
STREET ADDRESS (If rural give location) 4322--40th Place

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) JACKSON (Last) HINSLEY
4. DATE OF DEATH: (Month) June (Day) 7th, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 4th, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Fauquier County, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard Dallas Haley
14. MOTHER'S MAIDEN NAME: Ida Reed
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Edwin T. Hinsley, 4322--40th Place, Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Cerebrovascular accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic cardiovascular disease DUE TO

(c)

Interval Between Onset And Death: 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1954, to 6-7, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE James Cabell M.D. (Degree or title) [illegible] for time 6-6-54
ADDRESS 1840 Mich Ave. N.E.
DATE SIGNED 6-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10/1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Pr.Geo.Md.
DATE REC'D BY LOCAL REGISTRAR June 9 1954
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05794

5794 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) Hodge
4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1954
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 22, 1878
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Prince Geo. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jerry Hodge
14. MOTHER'S MAIDEN NAME: Alice Diggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-01-7981
17. INFORMANT & ADDRESS: Agnes Hodg, upper Marlboro, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis,

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1954, to 6-14, 1954, that I last saw the deceased alive on 6-14, 1954, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Ch. Epieune M. D. ADDRESS College Park, Md DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 18/54
NAME OF CEMETERY OR CREMATORY St Luke
LOCATION (City, town, or county) (State) Meadows P. G. Co. Md

DATE REC'D BY LOCAL REGISTRAR June 17, 1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07780

5795

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY PG.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5620 Chillum Hgts.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Hoffman

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 21, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 22 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn baby
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Hoffman
14. MOTHER'S MAIDEN NAME: Constance Mandragoes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (1200 gms) — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Atelectasis — Birth

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1954, to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 10 00 P. M, from the causes and on the date stated above.

SIGNATURE John W. Perkins, MD
ADDRESS M. D. 5301 Hamilton St. Hyattsville, Md
DATE SIGNED 6/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/18/54 2064
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Sept

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 20 1954
BUREAU V. S.

05795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5796

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4313 Tuckerman St

3. NAME OF DECEASED: (Type or Print) (First) Miriam (Middle) CAROLINE (Last) Hoffman

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-13-1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Berkstresser
14. MOTHER'S MAIDEN NAME: Anna Belle Uhlert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: James L. Hoffman Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia & Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (B) DUE TO Chronic Pyelonephritis — ??

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1953, to June 13, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 4:40 A M, from the causes and on the date stated above.

SIGNATURE David A. Clayman M. D. — ADDRESS 6311 Balto Ave. Riverdale Md — DATE SIGNED 6/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6/15/54 — NAME OF CEMETERY OR CREMATORY: York — LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 6/14/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gaschs Sons — ADDRESS: Hyattsville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05796

5830

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Foot
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 1219 - King Street

3. NAME OF DECEASED (Type or Print) (First) Elkins (Middle) Monroe (Last) Jeffries

4. DATE OF DEATH (Month) (Day) (Year) 6 - 20 - 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-25-1908
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sand & Gravel
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Monroe Jackson Jeffries
14. MOTHER'S MAIDEN NAME Elizabeth Costello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 719-09-1343
17. INFORMANT AND ADDRESS Mary Cecilia Jeffries - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac River (CITY OR TOWN) Fort Foot (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-19-54 8 p.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Apparently fell from row boat into river.

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John D. Maloney, M.D. ADDRESS Dep. Med. Exam. Hyattsville, Md. DATE SIGNED 6-20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/22/54
NAME OF CEMETERY OR CREMATORY Family Cemetery
LOCATION (City, town, or county) Bristow (State) Va

DATE REC'D BY LOCAL REG. Jun 30 1954
REGISTRAR'S SIGNATURE James Dewey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05797

MARYLAND STATE DEPARTMENT OF HEALTH

5779 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3201 - Queenstown Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 3201 Queenstown Drive

3. NAME OF DECEASED (Type or Print): (First) Leland (Middle) MORGAN (Last) Johnson
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6/4/1892
9. AGE last birthday 62 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Operator
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Phelps Morgan
14. MOTHER'S MAIDEN NAME Sadie Palmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Non
16. SOCIAL SECURITY NO. 578-01-1807
17. INFORMANT AND ADDRESS Leland M. Johnson Jr Sarasota Fla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med Exam — Hyattsville, Md 6-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/13/54 | NAME OF CEMETERY OR CREMATORY Cambridge | LOCATION (City, town, or county) Md (State)

DATE REC'D BY LOCAL REG. June 12, 1954 | REGISTRAR'S SIGNATURE James Devey | 24. FUNERAL DIRECTOR F Zasche sons | ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RE[illegible]
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05798

5797 **CERTIFICATE OF DEATH**

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGE'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHILLUM
STREET ADDRESS (If rural give location) 1518 CHILLUM RD. APT. 20

3. NAME OF DECEASED: (Type or Print) (First) GOLDIE (Middle) M (Last) JONES

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: July 14, 1883
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Helen Jones - Same

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
451X IMMEDIATE CAUSE	(A) Dissecting Aortic Aneurism	8 hours.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Vascular Disease.	5 years.
	DUE TO (C) Arteriosclerosis, Generalized.	10 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None.	

19A. DATE OF OPERATION: None.
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1950, to June 9, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 4:45 P M, from the causes and on the date stated above.

SIGNATURE Carl H. Mitchell
ADDRESS M. D. 1501 Columbia Rd N.W.
DATE SIGNED June 9 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF June 12, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 6/9/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR A. H. Hines Co
ADDRESS Washington 7, D.C.

RECEIVED
JUN 14
BUREAU V. S.

05802

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

5748

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5330 Chesapeake Rd.

3. NAME OF DECEASED: (First) Louis (Middle) Joseph (Last) Kohlmer
4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Jan. 12-1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artican
10B. KIND OF BUSINESS OR INDUSTRY: Restored Art Paintings
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Frances L. Sykes 562 N. Edgemere Dr. W. Allenhurst, N.J.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypertensive heart disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bilateral hydrothorax DUE TO
(C) Empyema & gall bladder

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1954 to June 21, 1954 that I last saw the deceased alive on June 20, 1954, and that death occurred at 2:45 A.M., from the causes and on the date stated above.
SIGNATURE Charles C. Hageage M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED 6/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION
DATE THEREOF June 24 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/24/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS, CO. Riverdale, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

05801

MARYLAND STATE DEPARTMENT OF HEALTH

5799

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 331

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 20 OA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn - Hyattsville
STREET ADDRESS (If rural, give location) 5133 - 70th Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Antoinette Krupa

4. DATE OF DEATH (Month) (Day) (Year) 6 - 15 - 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-28-53
9. AGE last birthday 1 YR 2 1/2 mos yrs. If under 1 year Months 14 1/2 Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Krupa
14. MOTHER'S MAIDEN NAME Margaret Wanko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6-15-54
John D. Maloney M.D. Dep. Med. Exam. Hyattsville, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG 6/17/54
REGISTRAR'S SIGNATURE Wanda Dewey
24. FUNERAL DIRECTOR F. Gascha Sons Hyattsville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05803

5800 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural give location) 5889- Rollins Ave.

3. NAME OF DECEASED: (First) Margaret (Middle) (Last) Langely (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.

8. DATE OF BIRTH: 25 Jan 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2 X

IMMEDIATE CAUSE (A) Cerebral Vascular Thrombosis

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1954, to 6/4, 1954, that I last saw the deceased alive on 6/3, 1954, and that death occurred at 2135 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS College Park, Md. DATE SIGNED 6-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Jun 4-54 — NAME OF CEMETERY OR CREMATORY [redacted] — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 6/4/54 — REGISTRAR'S SIGNATURE Amanda Downey — FUNERAL DIRECTOR Fuller Funeral Home — ADDRESS 741-11th St. S.E.

RECEIVED
JUN 8
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

05804

5831 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Annapolis Expressway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3149 - Queens Chapel Road.

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Conway (Last) Lawson

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 5, 1935

9. AGE last birthday: 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Helper

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Seamed

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George P. Lawson

14. MOTHER'S MAIDEN NAME: Lucille Lorence.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-44-3174

17. INFORMANT AND ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Heart & compound, comminuted fracture of base of skull

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Mitchellville (COUNTY) Pr. Geo - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-2-54 1.14 p.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Automobile collision.

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Md. Elam Hyattsville, Md. 6-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 4, 1954 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery — LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. June 4 1954 — REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR Frascella Sons — ADDRESS Hyattsville Md

VS. A15A

RECEIVED
JUN 11 1954
BUREAU V. S.

5801

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05805 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4005 Beachwood Road

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) WAYNE (Last) LILLARD

4. DATE OF DEATH (Month) June (Day) 26, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	June 8, 1935	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	High School	Chicago, Illinois	U.S.A.

13. FATHER'S NAME: Richard Wayne Lillard

14. MOTHER'S MAIDEN NAME: Anicka Streckova

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — None	Unknown	William R. Stevenson, 4005 Beachwood Rd., Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage o shock.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of skull - Subdural hemorrhage -

DUE TO

(c) laceration of liver and ruptured stomach

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) street	21c. (City or town) College Park. Pr. Geo. (County) (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-22-54- 8.00 A M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Motor cycle operated by deceased Collision between Motor Cycle & truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney JOHN T. MALONEY, M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 6-28-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 29, 1954	Geo. Wash., Mem. Pk.	Prince Geo. Cty. Maryland.

DATE REC'D BY LOCAL REG. June 29 1954 — REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO., Riverdale, Maryland

VS. A15A - 5 - 53

JUL 1
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05806

5802

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 28 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 6614 - Oliver St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) M. (Last) Little

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 27 - 1779

9. AGE last birthday: 74 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1777 IMMEDIATE CAUSE	(A) Uraemia & Cachexia	3 mos.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Heart Disease	10 yr.
	DUE TO (C) Prostatic Carcinoma	1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 19 3, to June 1st, 1954 that I last saw the deceased alive on June 1st., 1954, and that death occurred at 5 40 p.m., from the causes and on the date stated above.

SIGNATURE Gordon W. Keller M.D. ADDRESS 6124 - 41st Ave. Hyatts, Md. DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: June 4, 1954

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/2/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co

ADDRESS: Wash., D.C.

RECEIVED
JUN 7 19[illegible]
BUREAU V. S

Items 13 & 14, Film G168
7/13/54 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05807

5803

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
STREET ADDRESS (If rural give location) 3808 Allison St

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) J. (Last) McCloskey

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4-20-1890
9. AGE last birthday 64 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate Printer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry McCloskey
14. MOTHER'S MAIDEN NAME: Elizabeth Stock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Generalized Peritonitis
DUE TO
(B) Perforation of Anterior line of Gastro-Jejunostomy
DUE TO
(C) Gastric Ulcer - Gastric Resection

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 18, 1954
19B. MAJOR FINDINGS OF OPERATION: Gastric Ulcer
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to June 26, 1954, that I last saw the deceased alive on 6/26, 1954, and that death occurred at 6 15 A.M., from the causes and on the date stated above.

SIGNATURE: Saul Schwartzbach M.D.
ADDRESS: 1126 Eye St. Nw. Wash. D.C.
DATE SIGNED: 6/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/29/54
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/30/54
REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Nalley's Funeral Home, Inc. 3200 R.I. Ave. Mt. Rainier, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 7 1954
BUREAU V. S.

05808

MARYLAND STATE DEPARTMETT OF HEALTH

5804 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 mo. + 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 1,
STREET ADDRESS (If rural give location) 704 3rd St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Jane (Last) McGarvey
4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 54
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) widow
8. DATE OF BIRTH 4-24-1864
9. AGE last birthday 90 yrs. If under 1 year: Months 9 Days 22 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Campbell
14. MOTHER'S MAIDEN NAME Mary Canahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rhea McGarvey (Daughter) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 day.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — undetermined

(c) Senile psychosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fract of right shoulder — 3 1/2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1954, to 6-22, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 6 10 p.m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 6-22-54

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE June 22, 1954 NAME OF CEMETERY OR CREMATORY St. Gabriels LOCATION (City, town, or county) (State) Hazleton, Pennsylvania

DATE REC'D BY LOCAL REG. June 22 1954 REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Robert A Cumpling - Bethesda Md. ADDRESS
E. E. Sackett

MARGIN RESERVED FOR BINDING

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07796

5805

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH. COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE land COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ritchie
STREET ADDRESS (If rural give location) 7703. Whitehouse Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy. (Last) Miller
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 27. June 54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 20 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pr. Geo. Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grayson. Miller
14. MOTHER'S MAIDEN NAME: La Reau. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Multiple Cerebral Hemorrhages (petechial)
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 6 39 AM, from the causes and on the date stated above.

SIGNATURE John W. Perkins M. D. ADDRESS 5301 Hamilton St., Hyattsville, Md DATE SIGNED 6/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/18/54 2064222417
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Sherry W Pierson Jr. ADDRESS Sept

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

AUG 27 1954
BUREAU V. S.

05809

5832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY: [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Md. Park — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same as No. 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6504 Coolidge Street	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) H.	(Last) NOONE	4. DATE OF DEATH	(Month) JUNE (Day) 12 (Year) 1954
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 13, 1892	9. AGE last birthday: 61 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): D.C.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Robert Noone	14. MOTHER'S MAIDEN NAME: Margaret O'Keefe				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 579-09-3747	17. INFORMANT AND ADDRESS: Agnes Noone - wife			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF STOMACH — 4 months.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF STOMACH	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 13, 1954, to JUNE 12 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 5:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest E. Cornelsen	MD	4400 Bowen Rd. SE. Wash. D.C.	6-12-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 6/16/54	NAME OF CEMETERY OR CREMATORY: Mt. Olivet	LOCATION (City, town, or county) (State): Wash. D.C.	
DATE REC'D BY LOCAL REG.: 6/12/54	REGISTRAR'S SIGNATURE: Amanda Downey, Carrie Campbell.	24. FUNERAL DIRECTOR: Timothy Hanlon	ADDRESS: 3831 Ga. Ave. Washington D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05810

5781

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 951 East West Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural give location) 951 EAST WEST HIGHWAY

3. NAME OF DECEASED: (Type or Print) (First) MALCOLM (Middle) LEE (Last) PADGETTE

4. DATE OF DEATH: (Month) JUNE (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 5/23/1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Life insurance agent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Big Island, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -------

14. MOTHER'S MAIDEN NAME: Anne Wingfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 408-09-6237

17. INFORMANT & ADDRESS: Clara Padgette, 951 East West Highway Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardio-Renal Disease of — 5 years

DUE TO (c) Cerebral Hemorrhage — 4 mo

(260X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1949, to June 3, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 2 am, from the causes and on the date stated above.

SIGNATURE Horace H Curtis (Degree or title) MD ADDRESS 1852 Columbia Rd NW Washington DC DATE SIGNED June 3

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JUNE 5/54 NAME OF CEMETERY OR CREMATORY ROCK CREEK LOCATION (City, town, or county) WASHINGTON D.C. (State)

DATE REC'D BY LOCAL REGISTRAR June 4, 1954 REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 7 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05811

5806

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Via B.O.R.R. Tracks between Laurel Ave & Little Monroe

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY (R.F.D.)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN No definite address known
STREET ADDRESS (If rural, give location) East address Spruce 90 Louis — R-Laurel, Md

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Louis	Samuel	Page	6-	11	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	Married	4-13-1912	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Virginia	U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Bertha Page (wife) Ocean City Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Degenerative arteriosclerosis	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Mahoney	M.D. Dep. Med Exam.	Hyattsville Md	6-12-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-17-54	Pinecrest	

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14-54	[illegible]	[illegible]	[illegible]

6-17-54 M. Bradshaw

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05812

5807 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH. COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover Hills.
STREET ADDRESS (If rural give location) 4004 - 74th Place

3. NAME OF DECEASED: (Type or Print) (First) Lori (Middle) Anne (Last) Patterson.

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 5, 1953
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 11 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Unk.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert A. Patterson
14. MOTHER'S MAIDEN NAME: Joan Lowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Robert A. Patterson 4004-74th Place Landover Hills

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Fulminating respiratory infection	1 day
DUE TO (B)	Septicemia, Convulsions	1 day
DUE TO (C)	Congenital heart disease	C. H. on

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1953, to 6/1, 1954, that I last saw the deceased alive on 6/1, 1954, and that death occurred at 10 30 P.M., from the causes and on the date stated above.

SIGNATURE T. A. Christensen M.D. ADDRESS College Park DATE SIGNED 6/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-4-54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 6-2-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. W. Lees - 300-4th St N.E. ADDRESS Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

3237

RECEIVED
JUN 8
BUD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05813

CERTIFICATE OF DEATH

5776

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 15; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural give location) 4214 Kennedy St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Virginia (Last) Pitts

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: May 13 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Simmons

14. MOTHER'S MAIDEN NAME: Alice E. Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Leonard A Pitts 4214 Kennedy St

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute congestive heart failure	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardiac decompensation	11 days
	DUE TO (c) Myocardial disease	13 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile mellitus	15 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1941, to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD 1746 K St NW June 6 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 9, 1954

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR June 7 1954

REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR W.W. Chamberlain Co

ADDRESS Washington, D.C.

VS. A15

RECEIVED
JUN 9 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5814

5780 CERTIFICATE OF DEATH Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) MARYLAND 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3502 Perry

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) May (Last) Preller

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 28 May 1873

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E Gardiner

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-10-1576-A

17. INFORMANT & ADDRESS: Doris Burn 4112-53 Ave Bladensburg Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Acute congestive heart failure	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocarditis-	8 Mo.
	DUE TO (c) Generalized Arteriosclerosis	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paralysis Agitans.	5 yrs.

19a. DATE OF OPERATION: Nine

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953, to 1 June, 1954, that I last saw the deceased alive on 30 May, 1954, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E Mattingly MD ADDRESS 2200 R.I. Ave. N.E. Washington DATE SIGNED 1 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATH THEREOF 6/3/54 NAME OF CEMETERY OR CREMATORY Freedom Park Cemetery LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/1/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Gilbert C. Vinsant ADDRESS 2525 Bladensburg Rd N.E. Wash. 18, D.C.

6/3/54 James Dorey

RECEIVED
JUN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15815)

5833 . CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route #2 Upper Marlboro; LENGTH OF STAY (In this place) 24 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 Upper Marlboro

2. USUAL RESIDENCE (HOME) OF DECEASED: Route #2 Upper Marlboro; STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route #2 Upper Marlboro; STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) LOUISE (Middle) SIMMS (Last) QUEEN

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 28, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A A County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Simms

14. MOTHER'S MAIDEN NAME: Rachel Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Daughter, Route #2 Upper Marlboro

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute congestive heart failure	June 18 - June 22 1954
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Auricular-ventricular fibrillation	June 18 - June 22 1954
	DUE TO (C) Malignant hypertension	1949 - 1954
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Obesity, senility	1950 to June 22, 1954

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1954, to June 22, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 8:15 A M, from the causes and on the date stated above.

SIGNATURE E. Anthony Morgan M. D. ADDRESS Church Street, Upper Marlboro DATE SIGNED June 22, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 6/22/54; NAME OF CEMETERY OR CREMATORY Chews Chapel; LOCATION (City, town, or county) Woodville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 22 1954; REGISTRAR'S SIGNATURE John F. Danner.

24. FUNERAL DIRECTOR Collins Funeral Home ADDRESS 4339 Hunt Pl. N.E.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 24 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05816

5808 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural give location) Rt #2, Box #366

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) (Last) Randall

4. DATE OF DEATH. (Month) (Day) (Year) June 10 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 14, 1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber, Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Randall
14. MOTHER'S MAIDEN NAME: Jennie Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Julia La Roque, Brandywine, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.

IMMEDIATE CAUSE (A) Carcinomatosis, Primary

ANTECEDENT CAUSE (B) DUE TO Site undetermined

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1954, to June 10, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS College Park, Md DATE SIGNED 6-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 14, 1954
NAME OF CEMETERY OR CREMATORY: St. Paul's
LOCATION (City, town, or county) (State): Waldorf, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/14/54
REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR: Huntt + Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUN 16 1971
BUREAU V. S.

05817

5809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
LENGTH OF STAY (in this place) 27 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4712 KAVENSWOOD RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PR. GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
STREET ADDRESS (If rural, give location) 4712 KAVENSWOOD RD

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) WEBB (Last) SALMON

4. DATE OF DEATH (Month) JUNE (Day) 29 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 3, 1884

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ENGLAND

12. CITIZEN OF WHAT COUNTRY? ENG.

13. FATHER'S NAME ~~ALPHONSO~~ JOHN WEBB

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS JOHN SALMON RIVERDALE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	2 MONTHS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE HEART DISEASE	6 MONTHS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1, 1954, to JUNE 29 1954, that I last saw the deceased alive on JUNE 29, 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Samuel M Sugar (Degree or title) MD ADDRESS 4300 KAYWOOD DR MT RAINIER, MD. DATE SIGNED 6/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 1, 1954

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.

LOCATION (City, town, or county) Bladensburg, Maryland (State)

DATE REC'D BY LOCAL REG. June 29, 1954

REGISTRAR'S SIGNATURE James Severe

24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

JUL 1 1954
BUREAU V. S.

Item# 13 Birth cert. 6-10-54-PG Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07811

CERTIFICATE OF DEATH

Reg. Dist. No. 231

5810

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Route 2. Box 73

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Savoy

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1954

5. SEX: 7
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10 June 54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Ernest Savoy
14. MOTHER'S MAIDEN NAME: Mary B Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) abnormal pulmonary ventilation — INTERVAL BETWEEN ONSET AND DEATH: birth on

ANTECEDENT CAUSE (S) DUE TO (B) prematurity — "

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) fetal atelectasis — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1954, to 6/11, 1954, that I last saw the deceased alive on 6/11, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE T. A. Christensen M. D. ADDRESS College Park DATE SIGNED 6/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Brown Tom
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 206 8/8/54 311
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Lyndon

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05818

5834 CERTIFICATE OF DEATH Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince Georges Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Hts Estates
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Md 4007 Clagett Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Hts. Estates, Hyattsville Md
STREET ADDRESS (If rural give location) 4007 Clagett Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Alice Chappel Sellman

4. DATE OF DEATH: (Month) (Day) (Year) June 5th 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 31 May 1892
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Albert W. Chappel
14. MOTHER'S MAIDEN NAME: Cora H. Bedel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: R. Lee Sellman College Hts. Estates Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

IMMEDIATE CAUSE (A) Metastatic Carcinomatosis with Acute Hemorrhage episode

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic, inoperable carcinoma of right breast DUE TO

(C) Cardio-vascular Hypertension was a complicating factor

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: No operation
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about, 1951, to 5 Jun, 1954, that I last saw the deceased alive on 28 May, 1954, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE Leslie H. French F.A.C.P. M.D. ADDRESS 215 - 1726 Eye Street N.W. Washington D.C. DATE SIGNED 6 JUN 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/8/54
NAME OF CEMETERY OR CREMATORY St John's Cemetery
LOCATION (City, town, or county) (State) Beltsville Md

DATE REC'D BY LOCAL REGISTRAR June 7th 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Local Deputy
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 9 1974
BUREAU V. S.

05819

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5811 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) C (Last) Serrin
4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-24-1884
9. AGE last birthday 69 — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Carpenter U.S. Government
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm H Serrin
14. MOTHER'S MAIDEN NAME: Emma Sugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Nellie L. Serrin, Seabrook, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hodgkins disease
DUE TO
ANTECEDENT CAUSE (S) (B) Secondary Anemia
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 1954 to 26 June, 1954 that I last saw the deceased alive on 26 June, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. 402 Main St Laurel, Md DATE SIGNED 27 June 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/30/54
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/27/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1582)

5777 CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3804 Nicholson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 3804 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) F. (Last) Sheppard

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 21 August 1903

9. AGE Last birthday: 50 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Highway Dept

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Sheppard

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 578-16-7661

17. INFORMANT & ADDRESS: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pulmonary edema

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cystic emphysema, latus sclerosis, ant. spastic paraplegia. Stenosis coronaries
DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers, cystitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1946, to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Courtney MD ADDRESS 3601 - 16th St. NW Washington DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/25/54 NAME OF CEMETERY OR CREMATORY Washington Natl Cemetery LOCATION (City or County) Suitland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR June 22 1954 REGISTRAR'S SIGNATURE Mrs. Jas. Lavere (Date) Registrar

24. FUNERAL DIRECTOR Mattingly Funeral Home ADDRESS 131-11th St. S.E. Wash., DC.

VS. A15

RECEIVED
OCT 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05821

5812

CERTIFICATE OF DEATH

Item 7 &14 film G168 7/6/54 cm

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 6810 - 40th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Tillie (Middle) (Last) Sherman

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH March 15, 1884
9. AGE last birthday 70 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Max Weiner
14. MOTHER'S MAIDEN NAME: Malka Weiner Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Irvin Fliss - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) acute Posterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 DAYS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic Heart Disease — 1 Year

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to June 15, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE Samuel J Sugar M. D. ADDRESS Mt Rainier, Md DATE SIGNED 6/15/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-16-54
NAME OF CEMETERY OR CREMATORY Beth Isaac
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-16-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Outaw Pl

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5835 05823

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 2

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 232

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (In this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Stewart
4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH:
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housemaid
10b. KIND OF BUSINESS OR INDUSTRY: Pvt Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Emanuel Savoy
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Percy Stewart, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute pulmonary edema
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 6/14/54
NAME OF CEMETERY OR CREMATORY St. Simon
LOCATION (City, town, or county) (State) 4339 Hunt Pl. N.E. Wash. DC
DATE REC'D BY LOCAL REG. June 11 1954
REGISTRAR'S SIGNATURE John F Danner
24. FUNERAL DIRECTOR Myrtle K. Rollins 4 Washington DC
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

I

RECEIVED
JUN 14 1
BUREAU V. S.

05822

5813

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 1 yr. 2 mos. 13 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) CRANE (Last) STRAWN
4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: 12-25-1866
9. AGE last birthday: 87 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Crane
14. MOTHER'S MAIDEN NAME: Ella Whitten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Harry D. Strawn, Pine Ridge, Fairfax Co. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 Immediate cause (a) Chronic Myocarditis — Several Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — " "

(c) General Arteriosclerosis — " "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 6-8 Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Sanitarium (CITY OR TOWN) Laurel, (COUNTY) Prince Georges, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 3-21-54 12 noon
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell in sun parlor. Fracture of upper left femur

22. I hereby certify that I attended the deceased from 3-28, 1953, to 6-11-, 1954, that I last saw the deceased alive on 6-11-, 1954, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James P. Lands, M.D. — ADDRESS: Laurel Sanitarium, Laurel, Md. — DATE SIGNED: 6-11-1954

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 6/14/54 — NAME OF CEMETERY OR CREMATORY: H. Lincoln — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: June 11-1954 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: J. Wm. Lier Sons Co. — ADDRESS:

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05824

5836 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince Geo. County MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg, Md. 33

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS ----------

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Geo.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg, 33

STREET ADDRESS (If rural give location) 4113 - 54th Place

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) UHLETT (Last) SUTLEY

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1916

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick K. Uhlett

14. MOTHER'S MAIDEN NAME: Johanna ---------- Uhlett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: (Husband) Edwin M. Sutley, 4113-54th Pl., Bladensburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

140X

Immediate cause (a) Melinoma Malignum arm — 7 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Melinoma Malignum Metastatic — 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: June 1953

19b. MAJOR FINDINGS OF OPERATION Melinoma of intestine Small C intersusception

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to 6-9, 1954, that I last saw the deceased alive on 6-8, 1954, and that death occurred at 2:00 AM, 6-9-54 from the causes and on the date stated above.

SIGNATURE Dayton O Watkins (Degree or title) Md ADDRESS 5304 Annapolis Rd Bladensburg DATE SIGNED Md 6-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 12/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) (State) Rockland, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 6/9/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Martin W. Hysong Co. — ADDRESS Wash. D.C. 1300 - N St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUN 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05825

5837 CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Camp Springs)
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5304 Middleton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Camp Springs)
STREET ADDRESS (If rural give location) 5304 Middleton Lane

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) (None) (Last) SWAIM

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 6, 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Statistical Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Census Bureau of U.S.A.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. of A.

13. FATHER'S NAME: Leander Swain

14. MOTHER'S MAIDEN NAME: Lucy Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2-Yes (If Yes, give war or dates of service) Oct 2, 1917 To June 1, 1919

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Mary Ethel Swaim (Wife) 5304 Middleton Lane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — 2 hours.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 1 year
DUE TO

(c) —

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 12, 1952, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walcutt W. Libon M.D. — ADDRESS 2412 Minnesota Avenue S.E. — DATE SIGNED June 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6/14/1954 — NAME OF CEMETERY OR CREMATORY Arlington Hall — LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR Roland A. Mattingly — ADDRESS 431-11th St SE Wash D C

June 11-1954

VS. A15

RECEIVED
JUN 21
BUREAU V. S.

05826

MARYLAND 5838

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY Pr. Geo Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cole Berwyn Hgts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8516-58 Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural, give location) 8516-58 Ave

3. NAME OF DECEASED (Type or Print) (First) ELWOOD (Middle) JAMES (Last) TAYLOR
4. DATE OF DEATH (Month) JUNE (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 7-1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Telephone Company
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jermiah Taylor
14. MOTHER'S MAIDEN NAME Arminda Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 212-10-0604
17. INFORMANT AND ADDRESS Mrs Sallie E Taylor Berwyn Hts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) (b) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to June, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 9 A. m. from the causes and on the date stated above.

SIGNATURE Ch. Etienne M.D. (Degree or title) ADDRESS College Park, Md DATE SIGNED 6/30/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/3/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REG. July 3-1954
REGISTRAR'S SIGNATURE John D Smith
24. FUNERAL DIRECTOR Frasch & Sons Hyattsville, Md ADDRESS

MARGIN RESERVED FOR BINDING

M

1

JUL 7 1934

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05827

5814 **CERTIFICATE OF DEATH** Reg. Dist. No. 23 1

1 PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chapel Oaks
STREET ADDRESS (If rural give location) 8923 Old Ford Rd.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) (Last) Thomas
4. DATE OF DEATH: (Month) (Day) (Year) 6-26 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)
8. DATE OF BIRTH: 12-1-06
9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSE (B) DUE TO Chronic glomerulo-nephritis. — 3-5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertensive cardio-renal disease — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15 1954 to June 26, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 7 30 P.M., from the causes and on the date stated above.
SIGNATURE Fury Woodall M D ADDRESS 30-C Bridge Rd Greenbelt Md. DATE SIGNED 6/27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/1/54 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/27/54 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Jone S. Ford ADDRESS 1213-4th St Sw Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05828

5815 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 11 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside; STREET ADDRESS (If rural give location) 5803 M St.

3. NAME OF DECEASED: (First) A. (Middle) Vera (Last) Weimar

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 9, 1904

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT GIOVANNONI

14. MOTHER'S MAIDEN NAME: BLANCHE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: WILHELM A. WEIMAR 5803 M ST. HILLSIDE MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
332 X IMMEDIATE CAUSE	(A) Pulmonary edema	24 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Massive cerebral thrombosis	9 days
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertension	

19A. DATE OF OPERATION: 36-2-54

19B. MAJOR FINDINGS OF OPERATION: Normal ventriculogram

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1954, to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE Harry H. Ammerman M.D. ADDRESS Wash, D.C. 2025 - P. 20. N.W. DATE SIGNED 6-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/8/54	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/54	Amanda Downey	W. W. Chambers Co.	517 11th St. SE

RECEIVED
JUN 10 1954
BUREAU V. S.

05829

MARYLAND 5816

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg 33
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5366 Quincy Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg 33
STREET ADDRESS (If rural, give location) 5366 Quincy Place

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Eugene (Last) Zeitler
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 22, 1896
9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Zeitler
14. MOTHER'S MAIDEN NAME Laura L. P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 2 yes (If year, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Maude Zeitler wife 5366 Quincy Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Ventricular Fibrillation — Interval Between Onset and Death: 30 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease with Mitral Stenosis

(c) — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June 23, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 9:25 A m., from the causes and on the date stated above.

SIGNATURE Norman Dent Owens M.D. (Degree or title) ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 6/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/25/54
NAME OF CEMETERY OR CREMATORY Arlington Memorial Cemetery
LOCATION (City, town, or county) (State) Arlington, Va

DATE REC'D BY LOCAL REG. 6/23/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Gilbert C. Vincent ADDRESS 2525 - Bladensburg Rd N. E. Wash DC

RECEIVED
JUN 25 1954
BUREAU V. S.